

YOUR PLAN AT A GLANCE

For policy starting: January 01, 2021

Blue Home Silver	DEDUCTIBLE (IN-NETWORK)		OUT-OF-POCKET LIMIT (IN-NETWORK)		DEDUCTIBLE (OUT-OF-NETWORK)		OUT-OF-POCKET LIMIT (OUT-OF-NETWORK)	
	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied
MICHAEL T	\$0.00	\$0.00	\$700.00	\$700.00	\$500.00	\$0.00	No Maximum	\$0.00

CLAIM DETAILS

THIS IS NOT A BILL

Claim for MICHAEL T ID #:BFP10410521600

Provider Name: PULMONARY ASSOCIATES OF SOUTHSI					Claim Number: 21221B761000			
Date of Care: August 1, 2021								
Service:	Your Provider Billed:	Allowed Amount:	Member Savings:	Blue Cross NC Paid:	Deductible:	Copayment or Coinsurance:	Not Covered / Other Liability:	Reason Code: (See table at the end)
Medical Care (99220) 08/01/2021-08/01/2021	\$255.00	\$205.15	\$49.85	\$123.09	\$0.00	\$82.06	\$0.00	
Medical Care (99217) 08/02/2021-08/02/2021	\$110.00	\$80.57	\$29.43	\$48.35	\$0.00	\$32.22	\$0.00	
Total Amount Provider(s) Charged: \$ 365.00		You Saved: \$250.72		What You May Owe: \$114.28 (Does not include any payments you've already made.)				

Claim for MICHAEL T ID #:BFP10410521600

Provider Name: SENTARA HALIFAX REGIONAL					Claim Number: 21228A081200			
Date of Care: August 1, 2021								
Service:	Your Provider Billed:	Allowed Amount:	Member Savings:	Blue Cross NC Paid:	Deductible:	Copayment or Coinsurance:	Not Covered / Other Liability:	Reason Code: (See table at the end)
Facility Services (0250) 08/01/2021-08/01/2021	\$28.35	\$7.47	\$20.88	\$4.49	\$0.00	\$2.98	\$0.00	
Facility Services (96374) 08/01/2021-08/01/2021	\$301.00	\$239.25	\$61.75	\$143.55	\$0.00	\$95.70	\$0.00	
Facility Services (80053) 08/01/2021-08/01/2021	\$140.00	\$50.46	\$89.54	\$30.28	\$0.00	\$20.18	\$0.00	
Facility Services (81001) 08/01/2021-08/01/2021	\$136.00	\$14.79	\$121.21	\$8.88	\$0.00	\$5.91	\$0.00	
Facility Services (83690) 08/01/2021-08/01/2021	\$124.00	\$33.06	\$90.94	\$19.84	\$0.00	\$13.22	\$0.00	
Facility Services (85025) 08/01/2021-08/01/2021	\$144.00	\$37.41	\$106.59	\$22.45	\$0.00	\$14.96	\$0.00	
Facility Services (U0004) 08/01/2021-08/01/2021	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	
Facility Services (71260) 08/01/2021-08/01/2021	\$3,391.00	\$970.67	\$2,420.33	\$582.41	\$0.00	\$388.26	\$0.00	
Facility Services (74177) 08/01/2021-08/01/2021	\$3,392.00	\$893.49	\$2,498.51	\$848.98	\$0.00	\$44.51	\$0.00	
Facility Services (9928525) 08/01/2021-08/01/2021	\$1,018.00	\$0.00	\$1,018.00	\$0.00	\$0.00	\$0.00	\$0.00	
Facility Services (J1650) 08/01/2021-08/01/2021	\$30.29	\$7.98	\$22.31	\$7.98	\$0.00	\$0.00	\$0.00	
Facility Services (Q9967) 08/01/2021-08/01/2021	\$800.00	\$210.73	\$589.27	\$210.73	\$0.00	\$0.00	\$0.00	
Facility Services (Q9967) 08/01/2021-08/01/2021	\$640.00	\$168.58	\$471.42	\$168.58	\$0.00	\$0.00	\$0.00	
Diagnostic Services (93005) 08/01/2021-08/01/2021	\$220.00	\$66.99	\$153.01	\$66.99	\$0.00	\$0.00	\$0.00	
Facility Services (G0378) 08/01/2021-08/01/2021	\$2,058.00	\$542.10	\$1,515.90	\$542.10	\$0.00	\$0.00	\$0.00	

Claim for MICHAEL T ID #:BFP10410521600

Provider Name: SENTARA HALIFAX REGIONAL		Claim Number: 21228A081200						
Date of Care: August 1, 2021								
Service:	Your Provider Billed:	Allowed Amount:	Member Savings:	Blue Cross NC Paid:	Deductible:	Copayment or Coinsurance:	Not Covered / Other Liability:	Reason Code: (See table at the end)
Facility Services (49083) 08/02/2021-08/02/2021	\$703.00	\$2,773.08	-\$2,070.08	\$2,773.08	\$0.00	\$0.00	\$0.00	
Facility Services (38505LT) 08/02/2021-08/02/2021	\$1,515.00	\$279.07	\$1,235.93	\$279.07	\$0.00	\$0.00	\$0.00	
Total Amount Provider(s) Charged: \$ 20150.84		You Saved: \$19,565.12		What You May Owe: \$585.72 (Does not include any payments you've already made.)				

Claim for MICHAEL T ID #:BFP10410521600

Provider Name: HALIFAX REGIONAL HOSPITAL INC		Claim Number: 21228A907100						
Date of Care: August 1, 2021								
Service:	Your Provider Billed:	Allowed Amount:	Member Savings:	Blue Cross NC Paid:	Deductible:	Copayment or Coinsurance:	Not Covered / Other Liability:	Reason Code: (See table at the end)
Diagnostic Services (93010) 08/01/2021-08/01/2021	\$124.00	\$10.04	\$113.96	\$10.04	\$0.00	\$0.00	\$0.00	
Total Amount Provider(s) Charged: \$ 124.00		You Saved: \$124.00		What You May Owe: \$0.00 (You do not need to pay anything on this claim.)				

Additional Information

Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company. The information listed in the "Benefit Year Summary" section indicates the most current benefit period information on your plan as of the date of this notice. The "Amount Satisfied" will reflect the total amount satisfied throughout the current benefit period on the plan, which may include all applied before and after any changes in benefits or dependents covered throughout the benefit period. Claims information from a previous benefit period that appear on this notice are not included in the "Amount Satisfied" amounts on this notice.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

Please note, for members who are part of an ERISA employer group plan, deadlines have been extended by federal law during the COVID-19 national emergency. Please see <https://www.bluecrossnc.com/covid-19/covid-19-resources-member> or contact customer service for the most up to date information.



YOUR APPEAL RIGHTS

Don't agree with a claim decision? You or someone you name to act on your behalf (*an authorized representative*) have the right to appeal it. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will then review the decision.

How to appeal

First, download the forms needed. You'll find appeal forms and authorization forms (naming someone to act on your behalf) in the Claims section of BlueConnectNC.com.

Have a question about your claims or benefits?

Refer to the "Covered Services" and "What Is Not Covered?" sections of your benefit booklet. You can also send us a secure Blue Connect Inbox message at BlueCrossNC.com/SecureInbox or call Customer Service at 1-888-206-4697.

Send the completed forms to Blue Cross NC. We must receive your written appeal request within 180 days of the date on this Explanation of Benefits (EOB). Be sure to include your name, subscriber ID number, the date of care and the name of the doctor or hospital. Attach any other documents that are relevant to the claim, too. You can then send it by mail or fax.

Mail your appeal to:
Blue Cross NC
Appeals Department, Level 1
PO Box 30055
Durham, NC 27702-3055

Fax your appeal to:
919-765-4409

If your appeal is denied, you may be able to ask for an external review by an independent third party. After reviewing the denial, this independent third party will then issue a final decision.

For more details on a claim

You can request copies of all documents related to a claim at no cost to you. This may include internal rules or protocols used to make this decision. If our decision is based on medical necessity, experimental treatment or a similar exclusion, it may also include an explanation of the scientific/clinical judgment for the decision based on your medical situation. You can mail this request to: Blue Cross NC; PO Box 2291; Durham, NC 27702. You can also visit BlueCrossNC.com/MedicalPolicies or call Customer Service at 1-888-206-4697.

Privacy protection

Detailed service descriptions aren't on EOBs for privacy reasons. But you have the right to know which codes your provider submitted — and what they mean. You can get them directly from the provider or by calling Customer Service at 1-888-206-4697.

If your plan is provided by your employer

You and your plan may have other voluntary dispute resolution options — such as mediation. You may also have the right to bring an action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA). Contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) to learn more about these rights.

North Carolina Department of Insurance (NCDI)

The NCDI can answer your health insurance questions. For help with an appeal, call Health Insurance Smart NC at 1-855-408-1212; visit www.ncdoi.com/Smart for the External Review and Request form; or write to them at: NCDI; Health Insurance Smart NC; 1201 Mail Service Center; Raleigh, NC 27699-1201. To visit in person, you'll find Health Insurance Smart NC's physical address at www.ncdoi.com/Smart.

Help us prevent fraud

Please review this EOB carefully. If you suspect fraud, abuse, a mistake or improper billing, let Blue Cross NC know! Call our confidential toll-free hotline at **800-324-4963**. Learn more at BlueCrossNC.com/PreventFraud.

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